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CONFIRMATION NO. 9787

<b>SERIAL NUMBER</b> 10/027,725	<b>FILING OR 371(c) DATE</b> 12/21/2001 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1644	<b>ATTORNEY DOCKET NO.</b> 25401-4	
<b>APPLICANTS</b> Sabine Flicker, Vienna, AUSTRIA; Peter Steinberger, Vienna, AUSTRIA; Dietrich Kraft, Vienna, AUSTRIA; Rudolf Valenta, Theresienfeld, AUSTRIA;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/259,436 12/29/2000					
<b>** FOREIGN APPLICATIONS *****</b> SWEDEN 0004892-6 12/29/2000					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/28/2002</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> AUSTRIA	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 24256					
<b>TITLE</b> Group 2 allergen specific IgE-Fabs and use thereof					
<b>FILING FEE RECEIVED</b> 992	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		